

SUPPLEMENTAL QUESTIONNAIRE

MASTER'S LEVEL CLINICAL/CASE WORKER

(CLIENT SERVICES PRACTITIONER I)

NAME: _____

(Last) (First) (Middle Initial) Social Security Number

All applicants must submit responses to this supplement with their application. Based on your responses to this supplement, your experience, education and training will be evaluated and rated using a pre-determined formula. Applications submitted without a completed supplemental questionnaire will be rejected. You are encouraged to submit a resume, but it will not be evaluated or considered as a response to the items in this questionnaire.

THIS IS A TWO-SIDED DOCUMENT WITH TWO SEPARATE PARTS. PLEASE COMPLETE THE QUESTIONS ON BOTH SIDES OF THIS PAGE.

PART 1: Program Interest

Please check YES, NO, or WOULD CONSIDER to specify whether or not you are interested in working in any of the programs listed below.

PROGRAM	YES	NO	WOULD CONSIDER
ACCESS Providing intake and crisis intervention services, including mental health and child protective services, to adults and children in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADULT SYSTEM OF CARE Providing case management and treatment services for mental health, substance abuse and social services programs for adults in the community. Supervision and treatment of judicially committed mentally ill adults. Focus is on assessment, individual and group therapy, medication services and case management.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
CHILDREN'S SYSTEM OF CARE Providing case management and treatment services across child welfare, mental health, juvenile justice and school-based programs to include emergency and on-going services for families in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: Job-Related Training & Experience

The following questions are designed to assist you in presenting your qualifications for this classification. **Please answer each numbered item separately; attach your responses to this supplemental questionnaire; make sure any attached clarifications or narrative responses are specific, clear, concise, and legible; and submit your responses with your application.**

1. Have you completed a field placement, practicum or internship that can be directly related to this position? <i>If yes, please answer the questions below. You may use your field placement experience to answer questions regarding specific experience.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you performed duties which include interviewing, assessment, and/or initial diagnosis? <i>If yes, please attach a description of your duties, indicate the organization(s) where you performed these duties, and describe the client population served.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. In addition to the duties you described in Question #2 above, have you worked with a caseload and provided direct service? <i>If yes, please attach a description of your caseload along with a detailed explanation of your specific responsibilities. Include specific duties performed which you did not cover in Question #2 through all phases of the case work process (i.e., intake through after care) .</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you performed crisis intervention duties? <i>If yes, please attach a description of the duties you performed and the client(s) for whom this service was provided.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you have experience coordinating and collaborating with public and/or local community organizations including multi-cultural groups in order to facilitate comprehensive client treatment? <i>If yes, please list the main agencies below.</i> _____ _____ _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you possess licensure as a Licensed Clinical Social Worker (LCSW) or Marriage & Family Therapist (MFT) by the State Board of Behavioral Science Examiners? <i>If yes, please attach a copy of your license.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify that all the statements made in this application supplement are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in rejection of my application for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: _____ Date: _____